



# YMCA of San Joaquin County Employment Application

## I PERSONAL

Date: \_\_\_\_\_

Name	Last	First	Middle	Position Applied For
Current Address	Street	CITY		STATE Zip Code
Home Phone	Cell Phone	E-mail		
How did you find out about this position? <input type="checkbox"/> Friend <input type="checkbox"/> Web <input type="checkbox"/> Classified Ad <input type="checkbox"/> YMCA Listing <input type="checkbox"/> Other _____ Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, please submit work permit. If hired, will you be able to provide proof of eligibility to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you worked for the YMCA previously? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>When</span> <span>Location</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>When</span> <span>Location</span> <span>When</span> <span>Location</span> </div>				
List any relatives currently working for the YMCA _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Relative Name</span> <span>Relationship</span> </div>				

**PLEASE COMPLETE ALL SECTIONS - EVEN IF YOU ARE FURNISHING A RESUME**

## II RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1   2   3   4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1   2   3   4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Other (specify)			1   2   3   4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

We are an equal opportunity employer and applicants will be selected for employment solely on the basis of their qualifications for a given position and without regard to race, color, ancestry, religious creed, national origin, gender, sexual orientation, marital status, domestic partnership status, veteran status, age (over 40). Physical or mental disability, medical condition (including genetic characteristics) or any other consideration made unlawful by federal, state or local laws.

### III SKILLS, LICENSES AND CERTIFICATES

Please list job-related skills, licenses and certificates that you have, such as driver's license, CPR, Lifesaving Certificate, First Aid, CPA:

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### IV EMPLOYMENT HISTORY

List below all past and present employment beginning with the most recent.

Employer	Dates		Work Performed
	From	To	
Address			
Job Title			
Supervisor <span style="float: right;">Phone No.</span>			
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor <span style="float: right;">Phone No.</span>			
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor <span style="float: right;">Phone No.</span>			
Reason for Leaving			
Employer	Dates		Work Performed
Address	From	To	
Job Title			
Supervisor <span style="float: right;">Phone No.</span>			
Reason for Leaving			

If above listing does not include all of your jobs over the past ten years, describe additional jobs on page 3.  
 If you have been out of work for three months or more at any time since graduation (HS or College), please explain.

Have you been discharged from any position?  Yes  No

**V PROFESSIONAL & VOLUNTEER ACTIVITIES**

List professional, trade, business or civic activities and offices and positions held.

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**VI REFERENCES**

Please list at least three (3) professional and on (1) personal or relative reference.

Name	Relationship	Address	E-mail	Phone Number

**VII SUPPLEMENTAL INFORMATION**

Use this space to supplement any information you have given in response to other questions on this form and/or describe any additional skills, knowledge or experience concerning your qualifications for the position for which you are applying.

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**VIII FOR JOBS REQUIRING DRIVING ONLY**

1. Do you have a valid driver License in this state?  Yes  No License No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
2. Do you have a valid Class II/B License in this state?  Yes  No  
3. Do you possess a youth bus or school bus driver’s certificate?  Yes  No  
4. Are you over 21 years of age?  Yes  No

**AGREEMENT**

I hereby certify that all answers and statements made on this application are complete and true to the best of my knowledge. I am not a pedophile or child molester and have never been convicted of either. I understand that any misleading, misrepresentation and/or omission of information will cause this application to be rejected and will be cause for termination of employment. I further understand that final employment is based on completion of all employment requirements and procedures; including interview(s), reference checks, verifications, physical examination and fingerprinting.

I authorize all organizations and persons named on this application to give information about me and I hereby release them from all liability. I have carefully read and understand this application, by my signature below, consent to the release of consumer or investigative consumer reports, to the YMCA of San Joaquin County (1) in conjunction with my application for employment, (2) during the entire course of my employment, if any, and (3) after any such employment ends. I further understand that any and all information contained in my job application or otherwise disclose to the YMCA of San Joaquin County by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the YMCA of San Joaquin County.

If employed, I agree to observe all rules, regulations, policies and procedures, as they relate to the YMCA of San Joaquin County employees, at all times. I further understand that, although I may be employed for a particular position and shift, it may be necessary to accept different assignments, work schedules or working hours. Employment is at-will and may be terminated at any time by either party.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_